

DECLARATION FOR PATENT APPLICATION

Docket Number (Optional)
PC9873AJTJ

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Method Of Treating Eye Infections With Azithromycin

the specification of which is attached hereto unless the following box is checked:

☐ was filed on _____ as United States Application Number or PCT International Application Number: _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s), for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Applicant(s)

(Number)	(Country)	(Day/Month/Year Filed)	Priority Not Claimed
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

(Application Number)	(Filing Date)
60/067,250	December 2, 1997

(Application Number)	(Filing Date)
_____	_____

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
_____	_____	_____

(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
_____	_____	_____

I hereby appoint the following attorney(s) and/or agents(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Address all telephone calls to: James T. Jones at telephone number: 860-441-4903
Address all correspondence to: Patent Department
Pfizer Inc.
Eastern Point Road
Groton, CT 06340

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name) Imran Ahmed

Inventor's signature	<u>Imran Ahmed</u>	Date	<u>Nov. 24, 1998</u>
Residence	<u>32 Cardinal Road</u>	Citizenship	<u>USA</u>
Post Office Address	<u>32 Cardinal Road, East Lyme, CT 06333</u>		

Full name of second joint inventor (given name, family name)

Second inventor's signature	_____	Date	_____
Residence	_____	Citizenship	_____
Post Office Address	_____		

☐ Additional inventors are being named on separately numbered sheets attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Office of Assistance Quality and Enhancement Division, Patent and Trademark Office, Washington, DC 20231, and to the Office of Information and Regulatory Affairs, Office of Management and Budget (Project 0651-0032), Washington, DC 20503. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

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!Declara, 4/97